

## CERTIFICATE OF LIABILITY INSURANCE

TESP1 OP ID: PB

04/09/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:				
INSURANCE COMPANY	PHONE (A/C, No, Ext):  E-MAIL ADDRESS:  FAX (A/C, No):				
NAME ADDRESS & PHONE NUMBER	INSURER(S) AFFORDIN	G COVERAGE NAIC #			
	INSURER A: Cincinnati Insurance	Company 10677			
INSURED	INSURER B : Builders Mutual Ins C	Company 10844			
SPECIAL EVENT PERMIT HOLDER	INSURER C:				
NAME & ADDRESS	INSURER D:				
	INSURER E:				
	INSURER F :				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
-111	GENERAL LIABILITY	IIION IIIO				EACH OCCURRENCE	s	1,000,000
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X Per Project Aggre  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-		ENP0096221 07/08/11	07/08/11	07/08/12	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	500,000
						MED EXP (Any one person)	s	10,000
					PERSONAL & ADV INJURY	s	1,000,000	
						GENERAL AGGREGATE	\$	2,000,000
						PRODUCTS - COMP/OP AGG	\$	2,000,000
							\$	
A	AUTOMOBILE LIABILITY  ANY AUTO		ENP0096221 07/08/11		07/08/12	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
				07/08/11		BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
А	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE		ENP0096221		07/08/12	AGGREGATE	\$	1,000,000
	DED RETENTIONS						\$	
В	WORKERS COMPENSATION		WCP1012055 07/08/11		X WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE			07/08/11	07/08/12	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α			ENP0096221	07/08/11	07/08/12	Liliii		300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Colorado Springs, it's elected officials, employees and volunteers, are included as additional insured with respect to the polices required by the Special Events Permit.

CER	TIFIC	ATE	HOL	DER

City of Colorado Springs 30 S. Nevada Avenue Colorado Springs, CO 80903

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Hal Averette, CIC, CWCA